

# Recipient Committee Campaign Statement — Short Form

Type or print in ink.

SHORT FORM

CALIFORNIA  
FORM **450**

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees which have not received a contribution or other receipt which must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period  
from 07/01/2017  
through 12/31/2017

Date of election if applicable:  
(Month, Day, Year)  
\_\_\_\_\_

Date Stamp

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For Official Use Only

## 1. Type of Recipient Committee:

- ☐ Ballot Measure Committee  
☐ Primary Formed  
☐ Controlled  
☐ Sponsored  
☐ Primarily Formed Candidate/  
Officeholder Committee
- ☒ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee

## 2. Type of Statement:

- ☐ Pre-election Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain)  
(also check type of statement you are amending)
- ☐ Quarterly Statement  
☐ Special Odd-year Report  
☐ Supplemental Pre-election  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
950530

COMMITTEE NAME

DEMOCRATIC WOMEN'S FORUM OF SAN FRANCISCO

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

SAN FRANCISCO CA 94117

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE  
GRANITE BAY CA 95746

OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

Marcia Schnapp

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Granite Bay CA 95746 4157251735

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/31/2017  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By Marcia Schnapp  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

# Recipient Committee Campaign Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SHORT FORM

Statement covers period		<b>CALIFORNIA FORM 450</b>
from	07/01/2017	
through	12/31/2017	Page 2 of 4
NAME OF COMMITTEE DEMOCRATIC WOMEN'S FORUM OF SAN FRANCISCO		I.D. NUMBER 950530

## Expenditures Made

1. Expenditures of \$100 or more made this period .....	\$62.48
2. Expenditures under \$100 made this period (Not itemized.) .....	\$0.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD ..... Add Lines 1 + 2	\$62.48
4. Nonmonetary Adjustment ..... From Line 8 Below	\$0.00
5. Total expenditures made from previous statement ..... Previous Summary Page, Line 6 (If this is the first statement for the calendar year, enter zero.)	\$45.84
6. TOTAL EXPENDITURES MADE TO DATE ..... Add Lines 3 + 4 + 5	\$108.32

## Contributions Received

7. Monetary contributions received this period .....	\$0.00
8. Non-monetary contributions received this period .....	\$0.00
9. Total contributions received from previous statement ..... Previous Summary Page, Line 10 (If this is the first statement for the calendar year, enter zero.)	\$0.00
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ..... Add Lines 7 + 8 + 9	\$0.00

## Current Cash Statement

11. Beginning cash balance ..... Previous Summary Page, Line 15	\$4,223.70
12. Cash receipts this period ..... Line 7 above	\$0.00
13. Miscellaneous increases to cash .....	\$62.48
14. Cash expenditures this period ..... Line 3 above	\$62.48
15. ENDING CASH BALANCE THIS PERIOD..... Add Lines 11 + 12 + 13, then subtract Line 14	\$4,223.70

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SHORT FORM

Statement covers period

from 07/01/2017

through 12/31/2017

CALIFORNIA  
FORM

450

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SEE INSTRUCTIONS ON REVERSE

NAME OF COMMITTEE

DEMOCRATIC WOMEN'S FORUM OF SAN FRANCISCO

I.D. NUMBER

950530

## 5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
08/01/2017	US Postal Service Granite Bay, CA 95746 Memo Reference: 1	Postage for State Filings		\$22.08	<b>Calendar Year</b> <u>\$67.92</u> <b>Other</b> _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp		
08/01/2017	Office Depot/Max #928 Roseville, CA 95661 Memo Reference: 2	Office Supplies		\$40.40	<b>Calendar Year</b> <u>\$40.40</u> <b>Other</b> _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp		
					<b>Calendar Year</b> _____ <b>Other</b> _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp		
					<b>Calendar Year</b> _____ <b>Other</b> _____
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp		
<b>SUBTOTAL</b>				\$62.48	

\* Required only for payments which are contributions or independent expenditures.

Memo Reference: 1

Postage Needed to mail required Calif State Filing Reports

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Memo Reference: 2

Mailing Envelopes and Petty Cash Supplies

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